UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

.

Overpayment Duplicate Payment No Fee Due (Explanation): TYPED/PRINTED NAME: Barbara Caaple// TITLE: SIGNATURE: PHONE: OFFICE: PCT/DS/FO Refund Ref: THIS SPACE RESERVED FOR FINANCE USE ONLY: Credit Deposit A/C #: TITLE: PHONE: Credit Deposit A/C #: FINANCE USE ONLY: Credit Deposit A/C #: FINANCE USE ONLY: Credit Card Refund Total: \$56.88									
Please refund the following fee(s):									
Pelease refund the following fee(s): NUMBER FILED 6 AMOUNT	1 Date of Request: 10-14-05	lal/Patent #							
Amendment Extension of Time Notice of Appeal/Appeal Petition Issue Cert of Correction/Terminal Disc. Maintenance Assignment Other 7 TOTAL AMOUNT OF REFUND 8 TO BE REFUNDED BY: Treasury Check Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation): TYPED/PRINTED NAME: Barbara Carabe// TITLE: SIGNATURE: PHONE: OFFICE: PTIME FOR FINANCE USE ONLY: APPROVED: DATE: Credit Card Refund Total: 458.88	3 Please refund the following fee			6 AMOUNT					
Extension of Time Notice of Appeal/Appeal Petition Issue Cert of Correction/Terminal Disc. Maintenance Assignment Other 7 TOTAL AMOUNT OF REFUND SOC.CO 8 TO BE REFUNDED BY: Treasury Check Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation): TYPED/PRINTED NAME: Barbara Campbel/ TITLE: SIGNATURE: Barbara Campbel/ TITLE: PHONE: OFFICE: TYPED/PRINTED NAME: Barbara Campbel/ TITLE: SIGNATURE: Barbara Campbel/ TITLE: PHONE: OFFICE: Campbel/ THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: DATE: Credit Card Refund Total: 458,66	Filing			\$					
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7 TOTAL AMOUNT OF REFUND \$ 50.00 8 TO BE REFUNDED BY: 10 REASON: Treasury Check Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation): TYPED/PRINTED NAME: SIGNATURE: SIGNATURE: PHONE: OFFICE: Refund Ref: Credit Card Refund Total: \$58.86 DATE: Credit Card Refund Total: \$58.86	Assignment				\$				
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TYPED/PRINTED NAME: Borbara Can pbell TITLE: SIGNATURE: PHONE: OFFICE: PCT DE BORBARD Refund Ref: THIS SPACE RESERVED: FOR FINANCE USE ONLY: APPROVED: DATE: \$58.66	No Fee Due (Explanation):								
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SIGNATURE: PHONE: OFFICE: PCT/DS/FO Refund Ref: ***********************************	11 REFUND REQUESTED BY:								
OFFICE: PCT/DE/FO Refund Ref: ***********************************	TYPED/PRINTED NAME: Barbara	CAR	<u>0/20//</u> TI	TLE:	·				
THIS SPACE RESERVED: FOR FINANCE USE ONLY: APPROVED: DATE: \$50.00	SIGNATURE: 1000	PHONE:							
APPROVED: Credit Card Refund Total: \$50.00	office: <u>'ACT/DA/FO</u>	Refund R	ef: 65						
Sign	THIS SPACE RESERVED FOR FINANCE U	SE ONLY			சந்தித்தின் கொக்கிக்கி 				
355	APPROVED:		DATE:	ard Refund Total	\$50.00				
	Instructions for confidence of this form		Am Exn	У ҮҮҮҮҮҮҮҮҮ					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance

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Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 ---- (01/90)-

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/529650

CLAIMS AS FILED - PART I (Column 1) (Co					(Column 2)		SMALL EN	TITY	OR	OTHER SMALL E		
U.S. NATIONAL STAGE FEES]	RATE	FEE]	RATE	FEE
BASIC FEE			SMALL ENT. =	\$ 150	LAR	GE ENT. = \$ 300	1	BASIC FEE	150	OR	BASIC FEE	
IF LAMINALIUN FFF			Satisfies PCT Arti			ther situations = 100 / \$ 200		EXAM. FEE	100		EXAM. FEE	
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400			ther situations = 250 / \$ 500		SEARCH FEE	200		SEARCH FEE	
FE	FOR EXTRA	SPEC. PGS.	minus	s 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
то	TAL CHARGEA	BLE CLAIMS	20 minu	ıs 20 =	*			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS # minus 3 = .				*	1		X \$ 100 =	100	OR	X \$ 200 =		
MU	LTIPLE DEPEN	DENT CLAIM PRI	ESENT	•				+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	550	OR	TOTAL	-
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						_	SMALL ENTITY			OTHER THAN SMALL ENTITY		
πA	20	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 20	Minus *	* 20)	= 0		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	• 4	Minus *	** 4		= 0		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPEN	IDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =	
						····	_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	_			_		
M B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDMENT	Total	*	Minus *	*		=		X \$ 25 =		OR	X \$ 50 =	
AMEND	Independent	*	Minus *	**		=		X \$ 100 =		OR	X \$ 200 =	
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							-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												